



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 047600006

CITY OR TOWN GROTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: R.C. KIMBALL, INC

DOING BUSINESS AS OLIVER'S GRILLE & PUB

ADDRESS 765 BOSTON ROAD

CITY/TOWN: GROTON

STATE: MA

ZIP CODE: 01450

MANAGER: HRYNIEWICH,
CHERYL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 047600007

CITY OR TOWN GROTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DENIS H. MARCHAND AND ESTELLE C. MARCHAND

DOING BUSINESS A CRAVEN'S PACKAGE STORE

ADDRESS BOSTON & SANDY POND RDS

CITY/TOWN: GROTON

STATE: MA

ZIP CODE: 01450

MANAGER: MARCHAND,
DENIS H.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR (30 X 60) WITH BASEMENT STORE AT 777 BOSTON ROAD, GROTON, MA.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 047600009

CITY OR TOWN GROTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GROTON CONVENIENCE, INC.

DOING BUSINESS AS GROTON GENERAL STORE

ADDRESS 871 BOSTON RD

CITY/TOWN: GROTON

STATE: MA

ZIP CODE: 01450

MANAGER: PATEL, VIMUBEN TYPE OF LICENSE: Package Store
G.

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 047600010

CITY OR TOWN GROTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GROTON MARKET, INC

DOING BUSINESS AS

ADDRESS MAIN & PLEASANT ST

CITY/TOWN: GROTON

STATE: MA

ZIP CODE: 01450

MANAGER: MADIGAN, JOHN TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
M

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 047600013

CITY OR TOWN GROTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOWN OF GROTON

DOING BUSINESS AS GROTON COUNTRY CLUB

ADDRESS 94 LOVERS LANE

CITY/TOWN: GROTON

STATE: MA

ZIP CODE: 01450

MANAGER: WHALEN,
ROBERT M

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FUNCTION HALL, ONE FLOOR ENTRANCE ROOM. PLUS REST ROOMS ...COVERED FRONT PORCH OF FUNCTION HALL BUILDING; PAVILLION

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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LICENSE NUMBER: 047600016

CITY OR TOWN GROTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GIBBET HILL GRILL LLC

DOING BUSINESS AS GIBBET HILL GRILL - FUNCTION HALL

ADDRESS 00061A LOWELL ROAD

CITY/TOWN: GROTON

STATE: MA

ZIP CODE: 01450

MANAGER: TOTMAN,
THOMAS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE MAIN SEATING FLOOR WITH 2 SMALL MEZZANINES; ONE ON THE NORTH AND ONE ON THE SOUTH SIDE OF BLDG. BASEMENT, TWO BATHROOMS, A KITCHEN AREA; DECK ON THE EAST SIDE OF THE BLDG AND THE LAND EAST OF BLDG

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Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 047600017

CITY OR TOWN GROTON

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LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GIBBET HILL GRILL LLC

DOING BUSINESS AS GIBBET HILL GRILL RESTAURANT

ADDRESS 00061B LOWELL ROAD

CITY/TOWN: GROTON

STATE: MA

ZIP CODE: 01450

MANAGER: TOTMAN,
THOMAS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO DINING FLRS: BASEMENT;MAIN_SEATING AREA;BAR;MAIN KITCHEN AREA;2
BATHS;SECOND FLOOR(MEZZANINE LEVEL);BASEMENT AND PATIO ON THE NORTH
SIDE OF BLDG.

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 047600018

CITY OR TOWN GROTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NINE WEST MAIN PROPERTIES, INC.

DOING BUSINESS AS CLOVER FARM MARKET

ADDRESS 9 WEST MAIN STREET

CITY/TOWN: GROTON

STATE: MA

ZIP CODE: 01450

MANAGER: HURST, JANICE

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2817 SQ. FT. WOOD FRAME BLDG. WITH KITCHEN, BATHROOM, STORAGE, OFFICE,
GROCERY AREA. FRONT AND BACK ENTRANCES.

I hereby certify and swear under penalties of perjury that:

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